

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Gary McKinley	<i>[Signature]</i>	Street: 5251 Lacy Rd City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Stacey McKinley, (certify): I reside at N9593 County Rd D Exeter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012  
(Month) (Day) (Year)

Stacey McKinley  
(Signature of Circulator)

Page No. (Official Use Only)

000051

Circulators, please

Phone

(608)

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Comm  
PO Bo  
Madiso

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1. EDITH KEELE	<i>Edith S. Keele</i>	Street: 800 13th Ave. City: Monroe, Wis. Zip: 53566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Monroe	12/28/2014 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Kenneth J Roberts, (certify): I reside at N9218 Hillcrest Rd Town of Exeter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 20 12  
(Month) (Day) (Year)  
*Kenneth J Roberts*  
(Signature of Circulator)

Page 1 of 1 (Total Pages)  
# 000052

Circulators, please  
Phone ( )  
Email KRob

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return  
Comm  
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Madiso

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1. Courtney Kuehn		Street: 2716 Valley St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	12/10/2014 (Month) (Day) (Year)
2. Richard Phillips	Richard Phillips	Street: 8119 Coray Ln City: Verona, WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	12/12/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT INFORMATION
Email
Phone
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Phone
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Email
Phone
Email
Phone

## Certification of Circulator

I, ROBERT VIRMIG, (certify): I reside at 2301 EULACIA ST VILLAGE OF CROSS PLAINS  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 1 13 120 12 Robert Vermig  
(Month) (Day) (Year) (Signature of Circulator)

031033  
#  
Official Use Only

Circulators, please  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

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1. Cassandra Schwartz		Street: 611 West St City: Stoughton Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stoughton	11/18/2011 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Wm. B. Furbish, (certify): I reside at 3216 Cedar Trail City of Middleton  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 / 2011 Wm B Furbish  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 000054

Circulators, please

Phone (6)  
Email

# SCOTT WALKER RECALL PETITION

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**Return**  
Comm  
PO Box  
Madison

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1. MARK G. BRUNNER	<i>Mark G. Brunner</i>	Street: 7397 W. Mineral Pt. Rd. City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	1/8/2012 (Month) (Day) (Year)	Email Phone
2. Nathaniel Hope	<i>Nathaniel Hope</i>	Street: 6401 Offshore Dr. Apt 210 City: Madison Zip: 53705	<input checked="" type="checkbox"/> Town Madison <input type="checkbox"/> Village <input type="checkbox"/> City	1/8/2012 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Scott Walker, (certify): I reside at 2123 Hillside Dr. Town of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

#033355

Circulators, please

Phone


Email

Scott

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

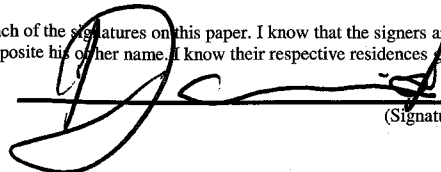
**Return**  
Comm  
PO Box  
Madison

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1. Jeff Alman		Street: 119 N blair City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)	Email: jeffalman Phone: (608) 33
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

I, David Gilbert-Pederson, (certify): I reside at 362 E Lakeside City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)  
000056

**Circulators, please**  
Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return  
Committee  
PO Box  
Madison

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1. Charles Dunning	<i>Charles Dunning</i>	Street: 5010 Tomahawk Trail City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/02/2012 (Month) (Day) (Year)
2. DEAN BECKER	<i>Dean Becker</i>	Street: 3821 Country Grove Dr. City: madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	01/02/2012 (Month) (Day) (Year)
3. Kathleen Radzanowski	<i>Kathleen Radzanowski</i>	Street: 2107 Carver Street City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	01/03/2012 (Month) (Day) (Year)
4. Stephanie Myers	<i>Stephanie Myers</i>	Street: 77 S. Oakbridge Ct #101 City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/04/2012 (Month) (Day) (Year)
5. JOSEPH MYERS	<i>Joseph Myers</i>	Street: 77 S OAKBRIDGE CT #101 City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	01/04/2012 (Month) (Day) (Year)
6. Tosha Songolo	<i>Tosha Songolo</i>	Street: 310 Oldfield Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	01/05/2012 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT
Email: dunningc
Phone: ( )
Email:
Phone: (608) 22
Email:
Phone: (608) 25
Email: saka
Phone: (608) 8
Email: myers.joseph
Phone: (608) 8
Email: tsongol
Phone: ( )
Email:
Phone: ( )
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Phone: ( )
Email:
Phone: ( )

## Certification of Circulator

I, David Gilbert Pederson, (Name of Circulator), (certify): I reside at 362 E Lakeside City of Madison (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. 000257

Circulators, please fill in:  
Phone: ( )  
Email:

# SCOTT WALKER RECALL PETITION

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1. CHARLES R SCHMIDT	CR SL	Street: 122 E GRANT ST. City: LAKE MILLS Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LAKE MILLS	1/8/2012 (Month) (Day) (Year)
2. LARRY PETERSON	Larry Peterson	Street: 940 GLADSTONE WAY City: LAKE MILLS Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LAKE MILLS	1/8/2012 (Month) (Day) (Year)
3. JOHN A. SANFT	John A. Sanft	Street: 933 STONY RD City: LAKE MILLS, WI Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LAKE MILLS	1/8/2012 (Month) (Day) (Year)
4. RONALD MOORE	Ronald A. Moore	Street: 2237 SOUTHVIEW RD City: OREGON Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	1/9/2012 (Month) (Day) (Year)
5. DAVID BARNES	David Barnes	Street: 4669 HX City: OREGON WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	1/9/2012 (Month) (Day) (Year)
6. CARLY SNIDER	Carly Snider	Street: 4711 CT HWY B City: Oregon, WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	1/9/2012 (Month) (Day) (Year)
7. ROBERT FRANK	Robert Frank	Street: W10438 HY CC City: Beaver Dam Zip: 53914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WESTFORD	1/10/2012 (Month) (Day) (Year)
8. JEFF SPONKE	Jeff Spoke	Street: 713 FAIRFIELD DR City: Beaver Dam Zip: 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	1/10/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)

## Certification of Circulator

I, CHARLES UPHOFF, (certify): I reside at 2475 Labor Rd. Fitchburg  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 1 13 2012  
(Month) (Day) (Year)

Charles Uphoff  
(Signature of Circulator)

Page No. 000058  
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Circulators, please

Phone (608) 785-1234  
Email Cup



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. CHRISTOPHER BLUE		Street: 160 S. MAIN ST. City: OREGON WI Zip: 53515	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OREGON	1/17/2012 (Month) (Day) (Year)	Email: C Phone: ( )
2. Iris Cooley	Iris Cooley	Street: 4488 Old Stage Rd City: Oregon Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rutland	1/12/2012 (Month) (Day) (Year)	Email: Phone: ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Debra A. Hulth (Name of Circulator), (certify): I reside at 425 Meander Way RD (Circulator's Residence - Street name and Number) Town of Rutland (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012  
(Month) (Day) (Year)

Debra A. Hulth  
(Signature of Circulator)

Page No. 000059  
#

Circulators, please

Phone: (608)   
Email: dhulth@rutlandwi.gov

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LaVon J. ACE	<i>LaVon J. Ace</i>	Street: 160 S. MAIN ST City: OREGON Zip: 53575	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OREGON	1 / 12 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Patricia Fleming, (certify): I reside at 327 Soden Dr. Village of Oregon  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012  
(Month) (Day) (Year)

Patricia Fleming  
(Signature of Circulator)

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Circulators

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John H. Sundby	<i>John H. Sundby</i>	Street: 3811 Hawk Lane City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	01/08/2012 (Month) (Day) (Year)
2. LaVonne Schneeberger	<i>LaVonne Schneeberger</i>	Street: 1682 Sand Hill Rd City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town DUNN <input type="checkbox"/> Village <input type="checkbox"/> City	01/08/2012 (Month) (Day) (Year)
3. PATRICIA BERMAN	<i>Patricia Berman</i>	Street: 4548 Rutland Dunn City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town DUNN <input type="checkbox"/> Village <input type="checkbox"/> City	1/08/2012 (Month) (Day) (Year)
4. Jan Silbaugh	<i>Jan Silbaugh</i>	Street: 4155 Tyler St. City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rutland	1/08/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

## Certification of Circulator

I, Barbara Feeney, (certify): I reside at 460 Windmill Rd (Town of Rutland)  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)  
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012  
(Month) (Day) (Year)

*Barbara Feeney*  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Russell J. Hermus		Street: 451 Butternut Dr City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
2. David A. Liddicoat		Street: 6818 East Pass #213 City: Madison Zip: 53719	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Madison <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
3. ALICE L. HERMUS		Street: 425 KENNEDY AVE City: KIMBERLY, WI Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KIMBERLY <input type="checkbox"/> City	12/8/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Susan Shedivy

(Name of Circulator)

(certify): I reside at 220 N. Main St.

(Circulator's Residence - Street name and Number)

Village of Oregon

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 08 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeffrey Eno	<i>[Signature]</i>	Street: 2370 Rockledge Lane City: Beloit WI Zip: 53511	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beloit	11/29/2011 (Month) (Day) (Year)
2. Lauren Andersen	<i>[Signature]</i>	Street: 524 Ridge St. City: Stoughton, WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/29/2011 (Month) (Day) (Year)
3. Alishia K Brown-Lopez	<i>[Signature]</i>	Street: W1907 Markensen Rd. City: Brooklyn Zip: 53521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brooklyn	12/18/2011 (Month) (Day) (Year)
4. Pamela Bisset	<i>[Signature]</i>	Street: 812 Charles Ct City: Oregon, WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oregon	12/18/2011 (Month) (Day) (Year)
5. Lois Wubben	<i>[Signature]</i>	Street: 376 Sterling Dr City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oregon	12/18/2011 (Month) (Day) (Year)
6. Travis Winder	<i>[Signature]</i>	Street: 2401 County Road MM City: Fitchburg, WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	1/8/2012 (Month) (Day) (Year)
7. Joanne Lien	<i>[Signature]</i>	Street: W2303 Alpine Rd City: Brooklyn, WI Zip: 53521	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	1/8/2012 (Month) (Day) (Year)
8. Kelly J Patel	<i>[Signature]</i>	Street: 820 S. Perry Pkwy City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	1/8/2012 (Month) (Day) (Year)
9. Joyce M. Williams	<i>[Signature]</i>	Street: 186 Cedar Drive City: OREGON Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OREGON	1/8/2012 (Month) (Day) (Year)
10. Doug Young	<i>[Signature]</i>	Street: 1462 Hwy 22m City: Fitchburg Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	1/9/2012 (Month) (Day) (Year)

## Certification of Circulator

I, Scott Koren, (certify): I reside at 111 Jacob Circle Village of Oregon  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 9 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. 000063  
(Official Use Only)

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Circulators

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel Phelps	[Signature]	Street: 5110 E Buckeye Rd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/23/2011 (Month) (Day) (Year)
2. Sandra Phelps	[Signature]	Street: 5724 W. Vliet St #2 City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/23/2011 (Month) (Day) (Year)
3. Gregory Louden	[Signature]	Street: 3033 Bradbury Rd City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/28/2012 (Month) (Day) (Year)
4. Debbie Olson	[Signature]	Street: 212 W. Hidden Trail City: Elkhorn, WI Zip: 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elkhorn	1/7/2012 (Month) (Day) (Year)
5. Rachel Olson	[Signature]	Street: 225 W. Page St City: Elkhorn Zip: 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elkhorn	1/7/2012 (Month) (Day) (Year)
6. Roger W. Olson	[Signature]	Street: 212 W. Hidden Trail City: Elkhorn Zip: 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elkhorn	1/7/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

CONTACT
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## Certification of Circulator

I, Linda Welch, (certify): I reside at 892 Storytown Rd Town of Oregon  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012  
(Month) (Day) (Year)

Linda Welch  
(Signature of Circulator)

Page No. 000065  
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**Circulators, please**  
Phone 608  
Email lv



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Maurie Murdock	Maurie Murdock	Street: 132 Thompson Lane City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OREGON	01/12/2012 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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## Certification of Circulator

I, Beth Whittemore, (certify): I reside at 5448 Alamo Dr. Town of Oregon  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012  
(Month) (Day) (Year)

Beth Whittemore  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. John W. Audenberg	<i>[Signature]</i>	Street: 2110 Main St City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	12/27/2011 (Month) (Day) (Year)	Email Phone ( )
2. PATRICIA A. DISCH	<i>[Signature]</i>	Street: 2105 MAIN ST City: HAZEL GREEN WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HAZEL GREEN	1/2/2012 (Month) (Day) (Year)	Email Phone ( )
3. Kenneth F. Disch	<i>[Signature]</i>	Street: 2105 MAIN ST City: HAZEL GREEN WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HAZEL GREEN	1/2/2012 (Month) (Day) (Year)	Email Phone ( )
4. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
5. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
6. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
7. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
8. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
9. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
10. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, James G Kraft, (certify): I reside at 9520 Kahl Road Town of Black Earth  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000366

**Circulators, please**  
Phone  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. JOHN S. ROWE	[Signature]	Street: 5803 Winnequah Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/16/2011 (Month) (Day) (Year)	Email: jrowe Phone: (608) 2
2. Anne E. Gubner	[Signature]	Street: 434 Cherry Hill Drive City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CITY OF MADISON	11/16/2011 (Month) (Day) (Year)	Email: gubner Phone: (608) 8
3. Christopher Grugel	[Signature]	Street: 6333 50th Ave City: Kenosha Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	12/4/2011 (Month) (Day) (Year)	Email: grugel Phone: (262) 6
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, FRANCES L GRUGEL, (certify): I reside at 1 WHITE PINE TRAIL MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

Page No. (Optional Use Only)

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Circulators, please

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <i>Martin Gayett</i>	<i>Martin Gayett</i>	Street: <i>106 Bruns St</i> City: <i>DeForest WI</i> Zip: <i>53532</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>DeForest</i>	<i>1/4/2012</i> (Month) (Day) (Year)
2. <i>Sasha Carney</i>	<i>Sasha Carney</i>	Street: <i>601 N. Main St. #44</i> City: <i>Fall River, WI</i> Zip: <i>53932</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>DeForest</i> <input type="checkbox"/> City	<i>1/4/2012</i> (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
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CONTACT INFORMATION
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## Certification of Circulator

I, *Berta Armacani*, (certify): I reside at *1620 Monroe Street F* *Madison, WI 53711*  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

*Jan.* *1* *13* *2012*  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# *000068*

Circulators, please  
Phone *(608) 268-1234*  
Email *bfar*



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**

Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Timothy Witcher	<i>Timothy Witcher</i>	Street: 4821 Splint Rd City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 13 / 2012 (Month) (Day) (Year)
2. GREGORY R. BECKER	<i>Gregory R. Becker</i>	Street: 608 PARKLAND DR City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	1 / 13 / 2012 (Month) (Day) (Year)
3. John J. Policello	<i>John J. Policello</i>	Street: 1514 Farmington City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	1 / 13 / 2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

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## Certification of Circulator

I, Matthew Rigney, (certify): I reside at 836 Jennifer City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please fill in

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Wendi M. Stearns Peters	<i>Wendi M. Stearns Peters</i>	Street: 5 Singleton Ct City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/11/2012 (Month) (Day) (Year)
2. Mary L Peters	<i>Mary L Peters</i>	Street: 5 SINGLETON CT City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/11/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT INFORMATION
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## Certification of Circulator

I, Wendi M. Stearns Peters (Name of Circulator), (certify): I reside at 5 Singleton Ct (Circulator's Residence - Street name and Number), City of Madison (Circulator's Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan / 13 / 2012 (Month) (Day) (Year)  
Wendi M. Stearns Peters (Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please include

Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Yvette Peguero	<i>Yvette Peguero</i>	Street: 2753 He Nis Ra Ln. City: Green Bay Zip: 54304	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Green Bay	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
2. Jessica Campbell	<i>Jessica Campbell</i>	Street: 815 E. Walnut St Apt 2 City: Green Bay Zip: 54302	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Green Bay	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
3. Robert Peguero	<i>Robert Peguero</i>	Street: 815 E Walnut Apt #2 City: Green Bay Zip: 54302	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Green Bay	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
4. DORAN VISTE	<i>D. E. Viste</i>	Street: 301 Mermaid Crest Dr. City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/9/2011 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Ariana Peguero, (certify): I reside at 1835 Winnebago St #211 Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

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*[Signature]*

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Andrew Beck		Street: 1630 Monroe St C City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 18 / 2011 (Month) (Day) (Year)
2. Nikki Martin		Street: 1710 Golden Oak Ln. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 18 / 2011 (Month) (Day) (Year)
3. MIGUEL E. ARMACANGUI		Street: 4322 Critchell Terr City: Madison, Wisconsin Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 26 / 2011 (Month) (Day) (Year)
4. Eric Armacangu		Street: 4322 Critchell Terr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 7 / 2012 (Month) (Day) (Year)
5. Colleen Armacangu		Street: 4322 Critchell Terr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 7 / 2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, Berta Armacangu, (certify): I reside at 1620 SA Monroe Street NE Madison, WI 53711

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Circulator Use Only)

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Circulators, please fill in

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9, 10. of the Wisconsin Statutes.

Return  
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PO Bo  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jacqueline Morales	<i>Jacqueline Morales</i>	Street: 708 W. Scott City: Milwaukee, WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/5/2012 (Month) (Day) (Year)
2. Jacob Nelson	<i>Jacob Nelson</i>	Street: 413 East St City: Fort Atkinson Zip: 53538	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fort Atkinson	1/5/2012 (Month) (Day) (Year)
3. Tina Perham	<i>Tina Perham</i>	Street: 215 S 4th St E City: Fort Atkinson Zip: 53538	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fort Atkinson	1/5/2012 (Month) (Day) (Year)
4. Alondra Rodriguez	<i>Alondra Rodriguez</i>	Street: 1007 W. Main St. Apt 110 City: Watertown Zip: 53094	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	1/8/2012 (Month) (Day) (Year)
5. Lisa M. Conder	<i>Lisa M. Conder</i>	Street: 1505 S. 10th City: Watertown Zip: 53094	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	1/8/2012 (Month) (Day) (Year)
6. Virginia Probst	<i>Virginia Probst</i>	Street: 3610 Atwood Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)
7. Rebecca Probst	<i>Rebecca Probst</i>	Street: 101 E. Mifflin Street City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)
8. Alex J Probst	<i>Alex J Probst</i>	Street: 3610 Atwood Ave City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)
9. Bruce Noble	<i>Bruce Noble</i>	Street: 25 Hiawatha Circle City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/13/2012 (Month) (Day) (Year)
10. Amy Noble	<i>Amy Noble</i>	Street: 25 Hiawatha Circle City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/13/2012 (Month) (Day) (Year)

## Certification of Circulator

I, Amy Noble, (certify): I reside at 25 Hiawatha Circle City of Madison WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/13/2012  
(Month) (Day) (Year)

*Amy Noble*  
(Signature of Circulator)

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Page Not for Official Use Only

Circulators, please  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amber McCulley	<i>Amber McCulley</i>	Street: 2501 Calypso rd #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)
2. Phillip Schneider	<i>Phillip Schneider</i>	Street: 784 S. Marr St Apt A City: Fond du Lac WI Zip: 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	1/11/2012 (Month) (Day) (Year)
3. Brenden Lindsey	<i>Brenden Lindsey</i>	Street: 105 E Gilman St Apt B1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)
4. Nancy Thayer-Hart	<i>Nancy Thayer-Hart</i>	Street: 3974 Villa Oak Dr. City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town Windsor <input type="checkbox"/> Village <input type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)
5. Cherry Hill	<i>Cherry Hill</i>	Street: 924 Clay St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	1/11/2012 (Month) (Day) (Year)
6. Gregori Kanatzen	<i>Gregori Kanatzen</i>	Street: 623 E. Solway apt 8 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)
7. Michael Bassetti	<i>Michael Bassetti</i>	Street: 2621 Fairfield Pl #2 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)
8. Nicholas Thomas	<i>Nick Thomas</i>	Street: 215 Silverbrook Dr. City: West Bend WI Zip: 53095	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Bend	1/11/2012 (Month) (Day) (Year)
9. Kim Moore	<i>Kim Moore</i>	Street: 101 West Ridge Cir City: Cambridge WI Zip: 53523	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cambridge	1/11/2012 (Month) (Day) (Year)
10. Tom Colwin	<i>Tom Colwin</i>	Street: 605 Short St. City: Fort Atkinson Zip: 53538	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fort Atkinson	1/11/2012 (Month) (Day) (Year)

## Certification of Circulator

I, Bruce Noble, (certify): I reside at 25 Hewatha Circle City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, please fill in  
Phone  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kai Waterdu	<i>Kai Waterdu</i>	Street: W5309 Cty. G City: Rio, WI Zip: 53960	<input checked="" type="checkbox"/> Town Rio <input type="checkbox"/> Village <input type="checkbox"/> City	1/7/2012 (Month) (Day) (Year)
2. Matt Walker	<i>Matt Walker</i>	Street: 339 Maple Valley Dr. City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)
3. Casey Rowe	<i>Casey Rowe</i>	Street: 507 Old Indian Tr City: DeForest, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	1/7/2012 (Month) (Day) (Year)
4. Rob Lawrence	<i>Rob Lawrence</i>	Street: 2413 Lisa Lane City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	1/7/2012 (Month) (Day) (Year)
5. Dan Roney	<i>Dan Roney</i>	Street: 734 Engelhart City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)
6. Jessica Matz	<i>Jessica Matz</i>	Street: 506 College Ave. City: Watertown Zip: 53094	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	1/8/2012 (Month) (Day) (Year)
7. CAROL E MARKL	<i>Carol E. Markl</i>	Street: 1500 So 10th St. City: Watertown WI Zip: 53094	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	1/8/2012 (Month) (Day) (Year)
8. Shawn Burrington	<i>Shawn Burrington</i>	Street: 514 Lafayette St City: Watertown WI Zip: 53094	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	1/8/2012 (Month) (Day) (Year)
9. Danielle Seiler	<i>Danielle Seiler</i>	Street: 121 N Franklin St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/8/2012 (Month) (Day) (Year)
10. Anne Nommensen	<i>Anne Nommensen</i>	Street: 809 Royster Ave City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/9/2012 (Month) (Day) (Year)

## Certification of Circulator

I, Bruce Noble, (certify): I reside at 25 Hiawatha Circle City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

*B. Noble*  
(Signature of Circulator)

003375  
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(Official Use Only)

Circulators, please in

Phone

Email

**PAGE NUMBER:**

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**NOT SUBMITTED**

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Willie MacBran	Willie MacBran	Street: 2934 Todd Dr City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/23/2011 (Month) (Day) (Year)
2. Samuel Mitchell	Samuel Mitchell	Street: 2500 FIEDLER #10 City: MADISON, WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/23/2011 (Month) (Day) (Year)
3. Meli Brown Jr	Meli Brown Jr	Street: 1305 LORREN DR City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/23/2011 (Month) (Day) (Year)
4. Janneen Andross	Janneen Andross	Street: 2720 McDivitt Rd. #101 City: madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/23/2011 (Month) (Day) (Year)
5. Lavinia Holmes	Lavinia Holmes	Street: 2720 McDivitt Rd 102 City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/23/2011 (Month) (Day) (Year)
6. Cheyenne Boerch	Cheyenne Boerch	Street: 2720 McDivitt Rd Apt 307 City: madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/23/2011 (Month) (Day) (Year)
7. Heidi Dickerson	Heidi Dickerson	Street: 1852 Fisher St #2 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/23/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9. George Tribble	George Tribble	Street: 16 Firestone court City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/24/2011 (Month) (Day) (Year)
10. LaTasha Wells	LaTasha Wells	Street: 22 O'Brien Ct City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/26/2011 (Month) (Day) (Year)

CONTACT
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Phone George C Tribble (608) (2)
Email
Phone (608) (35)

I, Andrina Tribble, (certify): I reside at 16 Firestone court Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011  
(Month) (Day) (Year)

Andrina Tribble  
(Signature of Circulator)

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Circulators, please fill in  
Phone (608) (408)  
Email andrin

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brian M. Batitzas	<i>B. M. Batitzas</i>	Street: 903 Arden Lane City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/18/2011 (Month) (Day) (Year)
2. Monica M. Batitzas	<i>Monica Batitzas</i>	Street: 901 Arden Lane City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/18/2011 (Month) (Day) (Year)
3. Terrence K So	<i>T. K. So</i>	Street: 925 Arden Ln City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/18/2011 (Month) (Day) (Year)
4. Paul - Paul Christian Christiansen	<i>Paul Christiansen</i>	Street: 929 Arden Lane City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Kristin Scheffler

(Name of Circulator)

(certify): I reside at 908 Arden Lane

(Circulator's Residence - Street name and Number)

City of Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012  
(Month) (Day) (Year)

Kristin Scheffler  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, please fill in

Phone (608) 255-  
Email b...



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GEORGE AGNEW	<i>[Signature]</i>	Street: 1905 Beld St City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/17/2011 (Month) (Day) (Year)
2. Kinthy Morris	K. Morris	Street: 1903 Beld St City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/17/2011 (Month) (Day) (Year)
3. Doris Goldsberry	<i>[Signature]</i>	Street: 1921 Fisher City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/17/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Claire Lovell-Lepak, (certify): I reside at 4709 Tokay Blvd City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 *[Signature]*  
(Month) (Day) (Year) (Signature of Circulator)

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Claire

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Iantha Doank	<i>[Signature]</i>	Street: 18 Krystana Way City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/17/2012 (Month) (Day) (Year)	Email Phone ( )
2. Mitchell Elorhaadt	<i>[Signature]</i>	Street: 101 Shepard Ter City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/17/2011 (Month) (Day) (Year)	Email Phone ( )
3. Daniel Sikora	<i>[Signature]</i>	Street: 3033 Maple Valley Dr 304 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
4. DON KAZDA	<i>[Signature]</i>	Street: 325 Orange Way 301 APT 301 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
5. Patrick Lytle	<i>[Signature]</i>	Street: 608 Hamlets Circle City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
6. Renice Gowski	<i>[Signature]</i>	Street: 314 Lincoln St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	12/20/2011 (Month) (Day) (Year)	Email Phone ( )
7. DIRK R. HOUTKAMP	<i>[Signature]</i>	Street: 1623 N. 121 City: WAUWATOSA Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
8. Patricia Houtkamp	<i>[Signature]</i>	Street: 1623 N. 121 St City: WAUWATOSA WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)	Email Phone ( )
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Pat Wehley, (certify) I reside at 315 Lincoln St. Verona WI  
(Circulator's Name) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

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(Official Use Only)  
(Signature of Circulator)

Circulators, please to

Phone (608) 261-1111  
Email wehley@gaab.wisconsin.gov

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Anthony Endres</u> Sign: <u>Anthony Endres</u>	Street: <u>1220 S. Perry PKWY</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
2. Print: <u>DAVID NACHREIMER</u> Sign: <u>David Nachreimer</u>	Street: <u>509 MEANDERWOOD RD.</u> City: <u>OREGON</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RUTLAND</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )

## Certification of Circulator

I, Jane Nachreimer, (certify): I reside at 509 Meanderwood Rd, Oregon WI Trout R + Land  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 12 / 12  
(Month) (Day) (Year)  
Jane Nachreimer  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000081

Circulators,  
Please include your contact

Phone  
( ) ( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Holly Parker	<i>Holly Parker</i>	Street: 335 Glacier Ridge Tr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	12/11/2011 (Month) (Day) (Year)
2. Pam Swan	<i>P. Swan</i>	Street: 330 Military Ridge Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	12/11/2011 (Month) (Day) (Year)
3. Tom Wilson	<i>Tom Wilson</i>	Street: 520 Enterprise Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	01/11/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT INFORMATION
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Phone

## Certification of Circulator

I, Dorothy Kanter, (certify): I reside at 450 Jenna Dr City of Verona, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 13 2012  
(Month) (Day) (Year)

*Dorothy Kanter*  
(Signature of Circulator)

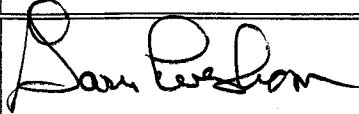
Page No. (Official Use Only)  
000082

Circulators, please  
Phone  
Email  
dKant



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

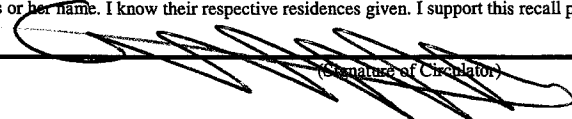
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GARY EVERINGHAM		Street: 722 Pulley DR City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/18/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, GUY LOFTS (Name of Circulator), (certify): I reside at 6724 HORSESHOE (Circulator's Residence - Street name and Number), VERONA (T) (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)  
000083

Circulators:  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel J. Haase	<i>Daniel J. Haase</i>	Street: 354 Breckenridge Road City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	12/19/2011 (Month) (Day) (Year)
2. Amy S. Goeder +	<i>Amy S. Goeder +</i>	Street: 42 Park Heights Court City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/13/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, William L. Newhouse, (certify): I reside at 1029 Tamarack Way Verona, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 12012  
(Month) (Day) (Year)

*William L. Newhouse*  
(Signature of Circulator)

033984  
#  
(Official Use Only)

Circulators  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. WANDA KNAUTH	<i>Wanda Knauth</i>	Street: 325 PRAIRIE WAY Blvd 308 City: VERONA WIS Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City verona	11/30/2011 (Month) (Day) (Year)
2. Andrew Marty	<i>Andrew Marty</i>	Street: 413 6th Ave City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village New Glarus <input type="checkbox"/> City	11/30/2011 (Month) (Day) (Year)
3. Catherine Miller	<i>Catherine Miller</i>	Street: 7228 Pine Row City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town Verona <input type="checkbox"/> Village <input type="checkbox"/> City	12/18/2011 (Month) (Day) (Year)
4. Amy M. Schmit	<i>Amy M. Schmit</i>	Street: 407 SEVERSON ST City: HOLLANDALE, WI Zip: 53544	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Hollandale <input type="checkbox"/> City	12/19/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

I, Paul K Miller (Name of Circulator), (certify): I reside at 7228 Pine Row (Circulator's Residence - Street name and Number) Town of Verona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 9 / 2012  
(Month) (Day) (Year)

*Paul K Miller*  
(Signature of Circulator)

Page No. 03085  
(Official Use Only)

Circulators  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gordon Mayfield		Street: 5528 PINE ROAD City: BLACK EARTH Zip: 53525	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berry	12/14/2011 (Month) (Day) (Year)
2. Richard Moran		Street: 211 PARKVIEW City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	12/15/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, CAROLYN FISHER

(Name of Circulator)

(certify): I reside at

213 PARKVIEW LA

(Circulator's Residence - Street name and Number)

VERONA, WI

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. 000086  
(Official Use Only)

Circulators

Phone

Email

carol

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Heath Ugoretz	<i>Heath Ugoretz</i>	Street: 1789 Bringold Dr City: Verona, WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	12/11/2011 (Month) (Day) (Year)	Email Phone ( )
2. Ron Lazarescu	<i>Ron Lazarescu</i>	Street: W2864 Conway Trail City: Belleville, WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Exeter	12/16/2011 (Month) (Day) (Year)	Email Phone ( )
3. Jerry Hendrickson	<i>Jerry Hendrickson</i>	Street: 1496 Fritz Road City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	1/5/2012 (Month) (Day) (Year)	Email Phone ( )
4. Richard Bartelme	<i>Richard Bartelme</i>	Street: 713 Hemlock Dr. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/5/2012 (Month) (Day) (Year)	Email Phone ( )
5. Angela Rohan	<i>Angela Rohan</i>	Street: 1299 Westminster Way City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	01/05/2012 (Month) (Day) (Year)	Email Phone ( )
6. John Jenkins	<i>John Jenkins</i>	Street: 1715 BLUE RIDGE DR City: WAUNAKEE Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUNAKEE	01/06/2012 (Month) (Day) (Year)	Email Phone ( )
7. TED Burns	<i>TED Burns</i>	Street: 2023 Jefferson St City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	01/06/2012 (Month) (Day) (Year)	Email Phone ( )
8. Tara Endres	<i>Tara Endres</i>	Street: 208 Parkview Ln. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/6/2012 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Deborah Vaughan, (certify): I reside at 204 N. Main Verona WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

Circulators, please

Phone

Email

deba

9

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/13/2012  
(Month) (Day) (Year)

*Deborah Vaughan*  
(Signature of Circulator)

Page No. (Official Use Only)

000087A

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Larry Kotwitz	<i>Larry Kotwitz</i>	Street: 7718 N. Tacoko Trail City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fulton	11/20/2011 (Month) (Day) (Year)
2. Gloria Woodman	<i>Gloria Woodman</i>	Street: 470 Garfield Ave. City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/24/2011 (Month) (Day) (Year)
3. Irene Martinson	<i>Irene Martinson</i>	Street: 470 Garfield Ave. City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/24/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Jeffrey P. Woodman (Name of Circulator), (certify): I reside at 406 Matterhorn Dr. (Circulator's Residence - Street name and Number) City of Verona (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 (Month) 13 (Day) 2012 (Year)

*Jeffrey P. Woodman* (Signature of Circulator)

Page No. (Official Use Only)  
# 0000876

Circulators, P.  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mary S. Kotwitz	<i>Mary S. Kotwitz</i>	Street: 7718 N. Tocco Trail City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <i>Fulton</i> <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. BETTY L. Johnson	<i>Betty L. Johnson</i>	Street: 1851 CRANSTON Rd City: BELOIT Zip: 83511	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>BELOIT</i>	11/15/2011 (Month) (Day) (Year)
3. Charles H. Cottam	<i>CH Cottam</i>	Street: 3624 E. Rotamer Rd City: Janesville Zip: 53501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Janesville</i>	11/15/2011 (Month) (Day) (Year)
4. Nathan Woodman	<i>Nathan Woodman</i>	Street: Janesville WI City: 1525 S. Ellis Rd Zip: 53548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Plymouth</i>	11/19/2011 (Month) (Day) (Year)
5. Bruce Woodman	<i>Bruce Woodman</i>	Street: 2413 Sherwood Drive City: Janesville, Wis. Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Janesville</i>	11/19/2011 (Month) (Day) (Year)
6. Kelly Schmecker	<i>Kelly Schmecker</i>	Street: 6047 Whalen RD. City: Fitchburg Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Fitchburg</i>	11/19/2011 (Month) (Day) (Year)
7. Ashley Woodman	<i>Ashley Woodman</i>	Street: 2224 Dahlia Cir City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Verona</i>	11/19/2011 (Month) (Day) (Year)
8. ERNEST ALLEN	<i>Ernest Allen</i>	Street: 302 PRAIRIE RD #102 City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Verona</i>	11/19/2011 (Month) (Day) (Year)
9. Craig Hendricks	<i>Craig Hendricks</i>	Street: 400 Matterhorn City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Verona</i>	11/19/2011 (Month) (Day) (Year)
10. Axel Woodman	<i>Axel Woodman</i>	Street: 406 Matterhorn Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Verona</i>	11/21/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Jeffrey P. Woodman, (certify): I reside at 406 MATTERHORN DR. City of Verona  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 13 / 2012  
(Month) (Day) (Year)

*Jeffrey P. Woodman*  
(Signature of Circulator)

000088  
# \_\_\_\_\_  
(Use Only)

Circulators, p.  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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PO Box  
Madiso

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1. William Welliver	<i>William Welliver</i>	Street: 9822 Talons Way City: Madison Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
2. Chad Frieberg	<i>Chad Frieberg</i>	Street: 6871 Sunset Dr City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
3. Andrew Haeffner	<i>Andrew Haeffner</i>	Street: 555 Harvest City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
4. Kari Vike	<i>Kari Vike</i>	Street: 301 Valley View St. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
5. Katherine Krohn	<i>Katherine Krohn</i>	Street: 965 Walnut St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
6. Shay Zimmerman	<i>Shay Zimmerman</i>	Street: 502 5th St City: Mineral Point Zip: 53565	<input checked="" type="checkbox"/> Town <b>SAD</b> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mineral Point	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
7. Harold Mattison	<i>Harold Mattison</i>	Street: 7462 Rolling Meadow Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
8. Lance Taylor	<i>Lance Taylor</i>	Street: 535 Harvest Lane City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
9. John Georgeson	<i>John Georgeson</i>	Street: 6294 Quail Ct City: Oregon Zip: 5357	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
10. Philip H. Johnson	<i>Philip H. Johnson</i>	Street: 938 Fritz Road City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	01/13/2012 (Month) (Day) (Year)	Email Phone (608) 4

## Certification of Circulator

I, Jill A Bemis (Name of Circulator), (certify): I reside at 37 Smyth Cir (Circulator's Residence - Street name and Number) City Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 / 12 / 12  
(Month) (Day) (Year)

*Jill A Bemis*  
(Signature of Circulator)

Page No. 000089  
(Official Use Only)

Circulators, please

Phone (608) 4  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. FARRES HARRISON	<i>Farres Harrison</i>	Street: 843 CHESHIRE CASTLE WAY City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	1/9/2012 (Month) (Day) (Year)
2. DONALD D. STEPHENS	<i>Donald D. Stephens</i>	Street: 815 JENNA CT. City: VERONA, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	1/9/2012 (Month) (Day) (Year)
3. Jon Baldock	<i>Jon Baldock</i>	Street: 6394 Grandview Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	1/9/2012 (Month) (Day) (Year)
4. William F. Weidanz	<i>William F. Weidanz</i>	Street: 3578 Richier Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	1/9/2012 (Month) (Day) (Year)
5. Barbara A. Weidanz	<i>Barbara A. Weidanz</i>	Street: 3578 Richier Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	1/9/2012 (Month) (Day) (Year)
6. Rebecca Graven	<i>Rebecca Graven</i>	Street: 3169 Silverton Trl City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/9/2012 (Month) (Day) (Year)
7. John T. Schmidt	<i>John T. Schmidt</i>	Street: 102 Stone Ridge Ct. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/9/2012 (Month) (Day) (Year)
8. Mark D. Cooper	<i>Mark D. Cooper</i>	Street: 326 Ridge View Trail City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/10/2012 (Month) (Day) (Year)
9. JAY M. BONNELL	<i>Jay M. Bonnell</i>	Street: 6200 KNOLLWOOD DR. City: OREGON Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OREGON	1/10/2012 (Month) (Day) (Year)
10. Karma J. Dippel	<i>Karma J. Dippel</i>	Street: 506 10th Ave. City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	1/10/2012 (Month) (Day) (Year)

## Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smykin Cir WI Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 12  
(Month) (Day) (Year)

*Jill A Bemis*  
(Signature of Circulator)

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(Official Use Only)

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Circulators, please

Phone

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# SCOTT WALKER RECALL PETITION

Return to:  
Committee  
PO Box 2  
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin, petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING (Month) (Day) (Year)	CONTACT INFORMATION
1. ROBERT R. DIPPEL	<i>Robert R Dippel</i>	Street: 506 - 10th Ave. City: NEW GLARUS Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	1/10/2012	Email Phone ( )
2. WARREN A. PLATZ	<i>Warren A Platz</i>	Street: 102 VALLEY VIEW COURT City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	1/10/2012	Email Phone ( )
3. Steven M. Ugaretz	<i>Steven M Ugaretz</i>	Street: 1789 Bringold Dr City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	1/10/2012	Email Phone ( )
4. Barbara Voss	<i>Barbara Voss</i>	Street: 1789 Bringold Dr City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	1/10/2012	Email Phone ( )
5. DONALD HEFTY	<i>Donald Hefty</i>	Street: 6389 Everest Dr. City: Madison WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERONA	1/10/2012	Email Phone ( )
6. Michelle Soddy	<i>Michelle Soddy</i>	Street: 704 19th St City: Monroe WI Zip: 53506	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monroe	1/10/2012	Email Phone ( )
7. Jeanne Edwards	<i>Jeanne Edwards</i>	Street: N6486 County Road N City: Monticello WI Zip: 53570	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	1/10/2012	Email Phone ( )
8. Beth Putney	<i>Beth Putney</i>	Street: 1327 Felland St City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	1/10/2012	Email Phone ( )
9. DANIEL PUM	<i>Daniel Pum</i>	Street: 1157 PINEHURST DR City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	1/10/2012	Email Phone ( )
10. PARTY PROTEST	<i>Party Protest</i>	Street: 825 Broadview Trail City: MT Averb Zip: 53572	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Averb	1/11/2012	Email Phone ( )

## Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smyth Cir City Madison  
(Circulator's Name) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/13/2012  
(Month) (Day) (Year)

Jill A Bemis  
(Signature of Circulator)

000091  
(Official Use Only)

Phone (60)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 25  
Madison, WI

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1. Paul McAleavy	<i>[Signature]</i>	Street: 29 Pilgrim Circle City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
2. Elizabeth Hollenzer	<i>[Signature]</i>	Street: 231 W School St City: Belleville WI Zip: 53508	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Belleville	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
3. Brian D. Boehm	<i>[Signature]</i>	Street: 932 Autumn Wood Ln. City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smyth Cir City Madison.  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Jill A Bemis  
(Signature of Circulator)

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Page No. (Official Use Only)  
#

**Circulators, please include**  
Phone 608  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to  
Committee  
PO Box 2  
Madison, WI

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1. Joe Golde	[Signature]	Street: 7846 W. Old Sauk Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town of Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	11/29/2011 (Month) (Day) (Year)	Email Phone ( )
2. Carmen Golde	[Signature]	Street: 7846 W. Old Sauk Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town of Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	11/29/2011 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, GREGORY K. PAVEK, (certify): I reside at 3062 PATTY LANE, MIDDLETON, WIS  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 9 12012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
**000093**

Circulators, please

Phone (66)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box 1  
Madison

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1. Eleisha Jones	Eleishajones	Street: 7313 Century Ave <sup>1st</sup> 4 City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	7.1.12 1/16/2012 (Month) (Day) (Year)	Email: Sid76jones Phone: (608) 554- Email: Phone: Email: Phone:
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: Email: Phone:
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: Email: Phone:
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: Email: Phone:
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: Email: Phone:
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: Email: Phone:
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: Email: Phone:

## Certification of Circulator

I, Lawrence Landwehr, (certify): I reside at 3110 Nightingale Lane City of Middleton  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 7 / 2012  
(Month) (Day) (Year)

Lawrence Landwehr  
(Signature of Circulator)

000092  
Page No. (Official Use Only)  
#

Circulators, please

Phone (608)  
Email 1a

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to  
Committee  
PO Box 2  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LINDA L SIE	Linda L. Sie	Street: 511 KARU AVE City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Belleville	12/29/2011 (Month) (Day) (Year)
2. Karisa Hurst	Karisa Hurst	Street: W4499 Cty Hwy W City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Exeter	12/29/2011 (Month) (Day) (Year)
3. Robert J Richel	Robert J. Richel	Street: 6732 HENRY RD. City: Belleville, WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	1/3/2012 (Month) (Day) (Year)
4. Cynthia A. Van Bogaert	Cynthia A. Van Bogaert	Street: N8551 Freidig Rd City: Brooklyn, WI Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	1/9/2012 (Month) (Day) (Year)
5. Melody R. Mulhail	Melody Mulhail	Street: W5254 Highland drive City: New Glarus WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	01/09/2012 (Month) (Day) (Year)
6. CHRIS SHAMBRICK	Chris Shambrick	Street: 232 PIERCE ST City: MONTICELLO, WI Zip: 53570	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MONTICELLO	1/9/2012 (Month) (Day) (Year)
7. Nadine Teisberg	Nadine Teisberg	Street: 612 2ND ST. City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	1/9/2012 (Month) (Day) (Year)
8. JOHN A. TEISBERG	John A. Teisberg	Street: 612 2ND ST City: NEW GLARUS Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	1/9/2012 (Month) (Day) (Year)
9. Dean Nettlesheim	Dean Nettlesheim	Street: 8257 Ridge Dr. City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Primrose	1/13/2012 (Month) (Day) (Year)
10. Anne Dimopoulos	Anne Dimopoulos	Street: W5107 Cty. Rd. W City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	1/13/2012 (Month) (Day) (Year)

CONTACT
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Phone ( )

## Certification of Circulator

I, Phil Franssen, (certify): I reside at N9581 Carla dr. Exeter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.43(2)(c), Wis. Stats.

1 / 1 / 13 2012  
(Month) (Day) (Year)

Phil Franssen  
(Signature of Circulator)

000093  
Page No. (Official Use Only)  
#

Circulators, please fill in

Phone ( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Michelle Derke	<i>Michelle Derke</i>	Street: 2160 Compass Plant Blvd City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUN PRAIRIE	11/19/2011 (Month) (Day) (Year)	Email Phone (608) 716
2. Cheek Khany	<i>Cheek Khany</i>	Street: 311 Pepper Ave City: Wk Rapids Zip: 54494	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wis Rapids	11/19/2011 (Month) (Day) (Year)	Email Phone (715) 44
3. Vickie Brown	<i>Vickie Brown</i>	Street: 919 Chicory Way City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/19/2011 (Month) (Day) (Year)	Email Phone (608) 5
4. Lisa Krugner-Higby	<i>Lisa Krugner-Higby</i>	Street: 6869 Frenchtown Rd City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	11/19/2011 (Month) (Day) (Year)	Email Phone (608) 4
5. Debby Kahl	<i>Debby Kahl</i>	Street: 930 10th Ave City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/19/2011 (Month) (Day) (Year)	Email Phone ( )
6. DAVID MEEGHAN	<i>David Meek</i>	Street: 2028 17th Ave City: MONROE WI Zip: 53566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONROE	11/19/2011 (Month) (Day) (Year)	Email Phone (608) 59
7. Joseph Trenan	<i>Joe Jr</i>	Street: 1423 Prairie Rd City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/19/2011 (Month) (Day) (Year)	Email Phone (608) 60
8. Linda S. Hanefeld	<i>Linda Hanefeld</i>	Street: E8013 CTH City: N. Freedom Zip: 53551	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Honey Creek Sauk Co	12/21/2011 (Month) (Day) (Year)	Email Phone (608) 54
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, RUTH E. KLASSY, (certify): I reside at 1078 Hwy 69 Town of Montrose  
(Name of Circulator) (Circulator's Residence Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012  
(Month) (Day) (Year)

Ruth E. Klassy  
(Signature of Circulator)

Page No. (Official Use Only)  
# 033398

Circulators, please

Phone ( )

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Gordon Wilson	<i>Gordon Wilson</i>	Street: 6221 PUTNAM RD City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/17/2011 (Month) (Day) (Year)	Email: <i>Wilson</i> Phone: ( )
2. Caroline Wilson	<i>Caroline Wilson</i>	Street: 6221 Putnam Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)	Email: Phone: ( )
3. Alpha Clark	<i>Alpha Clark</i>	Street: 2846 Hwy MM City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/19/2011 (Month) (Day) (Year)	Email: Phone: ( )
4. Kathy Buechel	<i>Kathy Buechel</i>	Street: 19625 82nd St. City: Bristol Zip: 53104	<input type="checkbox"/> Town Bristol <input type="checkbox"/> Village <input type="checkbox"/> City	11/21/2011 (Month) (Day) (Year)	Email: Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Calvin W. Hageman, (certify): I reside at 7518 Co Hwy A Montrose  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Calvin W. Hageman  
(Signature of Circulator)

Page 1 of 1 (Official Use Only)  
#

**Circulators, please inc.**  
Phone: ( )  
Email:



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to**  
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Emily Love		Street: 607 2nd Str City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	12/3/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
2. Janis Hooley		Street: 19410 Cto Rd 0 City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	12/3/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
3. Jennifer Heisz		Street: 5613 W Eagle Rd City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	12/3/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )

## Certification of Circulator

I, Megan Epp, (certify): I reside at 6373 Hwy A, Belleville 53506 Town of Montrose  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Printed Only)  
# 000098

Circulators, please to

Phone (608)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit  
PO Box  
Madison

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1. Matt Yerkey	<i>Mat Yerkey</i>	Street: 6 Alamos Ct, City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/19/2011 (Month) (Day) (Year)	Email: madison19 Phone: 608, 8
2. Mary Bubenger	<i>M Bubenger</i>	Street: 5105 Sherwood Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/19/2011 (Month) (Day) (Year)	Email: bubenger Phone: (608) 44
3. Patrick McNally	<i>Pat McNally</i>	Street: 300 S. Franklin St City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/19/2011 (Month) (Day) (Year)	Email: ( ) Phone: ( )
4. Trudi Fahay	<i>Trudi L Fahay</i>	Street: 364 Remy Rd City: Belleville WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	11/20/2011 (Month) (Day) (Year)	Email: ( ) Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )

## Certification of Circulator

I, Kristi Miller, (certify): I reside at N9222 Hillcrest Rd (Circulator's Residence - Street name and Number)  
(Name of Circulator) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 12012  
(Month) (Day) (Year)

Kristi Miller  
(Signature of Circulator)

Page No. 050993  
#

Circulators, please

Phone: (608)  
Email: miller

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box  
Madison

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. PAMELA WHITE NORTHEY	<i>[Signature]</i>	Street: 1706 Wicklow Way City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	1 / 13 / 2012 (Month) (Day) (Year)
2. LAUREEN A.M. HASELEY	<i>[Signature]</i>	Street: 1921 Droper St City: Baraboo Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baraboo	1 / 13 / 2012 (Month) (Day) (Year)
3. <del>Linda Alston</del>	<del><i>[Signature]</i></del>	<del>Street: 2918 McKenna Blvd City: Madison WI Zip: 53719</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison</del>	<del>1 / 13 / 2012 (Month) (Day) (Year)</del>
4. Jeffrey P Karls	<i>[Signature]</i>	Street: 1112 Sauskilito Drive City: WAUNAKEE Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUNAKEE	1 / 13 / 2012 (Month) (Day) (Year)
5. Matthew C Pollock	<i>[Signature]</i>	Street: 1814 Chadbourne Ave. City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 13 / 2012 (Month) (Day) (Year)
6. Jei Chou	<i>[Signature]</i>	Street: 38 Bishops Hill Cir. City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 13 / 2012 (Month) (Day) (Year)
7. Chin-chuang Chou	<i>[Signature]</i>	Street: 38 Bishops Hill Cir. City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 13 / 2012 (Month) (Day) (Year)
8. Haden Acker	<i>[Signature]</i>	Street: 7208 Century Place City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	1 / 13 / 2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Beverly Martin (Name of Circulator), (certify): I reside at 18 MESA CT #1 (Circulator's Residence - Street name and Number) city of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

030100  
#

Circulators, please in

Phone  
Email